



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW HOSPITAL

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the  
Report: Shalini Agarwal

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Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$934020603
Outpatient Patient Service Revenue	\$756480590
Total Gross Patient Service Revenue	\$1690501193

2. Deductions From Revenue

Contractual Allowance	\$937773636
Other Deductions	\$54577778
Total Deductions	\$992351414

3. Total Operating Revenue

Net Patient Service Revenue	\$698149779
Other Operating Revenue	\$48807860
Total Operating Revenue	\$746957639

4. Operating Expenses

Salaries and Wages	\$174331172	Employee Benefits	\$58336362
Depreciation and Amortization	\$41846304	Interest Expense	\$291364
Bad Debt	\$68972873	Other Expenses	\$320776976
Total Operating Expenses	\$664555051		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$82402588	Total Assets	\$369120337
Net Non-operating Gains over Loss	\$1893637	Total Liabilities	\$52646850
Total Net Gains	\$84296225		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$737833148	\$555171681	\$182661467
Medicaid	\$222706536	\$192034491	\$30672045
Other Government	\$0	\$0	\$0
Other State	\$13217588	\$10638746	\$2578842
Other Payers	\$716743921	\$234506496	\$482237425
Total	\$1690501193	\$992351414	\$698149779

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$217371	\$1344918	\$-1127547

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$239143	\$1908309	\$-1669166

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1639277	\$4622094	\$-2982817

Hospital Patients	\$0	\$0	\$0
Community Education	\$322295	\$1164686	\$-842391

Number of Medical Professionals Trained	2724
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	187628

Statement Six: Charity Statement
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Hospital Charity Charges	\$54577778
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16084453	
HCI Payments	\$0		
Subtotal	\$0	\$16084453	\$-16084453
Medicaid Shortfalls	\$30672045	\$65633175	
Subtotal	\$30672045	\$81717628	\$-51045583
DSH Payments	\$0		
Subtotal	\$30672045	\$81717628	\$-51045583
Medicare Shortfalls	\$182661467	\$217444593	
Other Government Programs	\$2578842	\$3895316	
Total	\$215912354	\$303057537	\$-87145183

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$29328	\$3458925	\$-3429597
Community Assessment	\$0	\$2500	\$-2500
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$36656461	\$-36656461

